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Chapter 5

Accreditation of Organisational Learning: experience from the health sector

Katherine Rounce & Barbara Workman
Work Based Learning and Accreditation Unit
School of Health and Social Sciences, Middlesex University

Introduction

Accreditation is the formal mechanism for the recognition of learning that is achieved outside the University's main academic programme. It is embedded within the university assessment processes and consequently, for providers of education and training activities it provides a quality assurance process through which the learning outcomes and assessment of their programmes can be assessed. There are also benefits to the university which gains from the opportunity to develop links with other educational and training providers and to learn from them. The partnerships thus developed can also lead to 'top up' awards or even the development of joint programmes. Accreditation thus provides a quality assured tool for curriculum innovation that adds to the capacity of Middlesex University to contribute to continuing professional development and the needs of the knowledge driven economy.

Since its introduction from the USA in the 1970's, accreditation has become established in an increasing number of universities, primarily used as AP[E]L (accreditation of prior [experience] and learning) to support admissions processes and to justify advanced standing against specific modules or learning units. Gibbs and Johnson report that it is most widely embedded in the health and education sectors, particularly in the old universities (Gibbs & Morris 2001) and it is no surprise therefore that both accreditation and work based learning have been adopted in the School of Health and Social Sciences with our large portfolio of professional education, especially in health and social care. At Middlesex University, the recognition of Work Based Learning as a subject area in its own right and the development of the National Centre for Work Based Learning Partnerships (NCWBLP) in the early 1990's enabled widespread uptake of accreditation of individual learning and it has been embedded into the Work Based Learning Studies academic programmes at all levels: from level 0 (entry) to level 5 (doctorate level). However it is the work of the Work Based Learning and Accreditation Unit with organisations and the opportunities that this provides for the organisation, course participants and the university that is the focus of this chapter. Three case studies are presented that illustrate this work and also give an indication of the processes that are involved in academic accreditation.

Background

Academic Accreditation and Assessment in the Health Care Sector

The development of the National Health Service University (NHSU) and in particular the publication of the critical policy document 'Working together, Learning Together' (DOH2001), resulted in greater interest in seeking and attaining academic recognition of the learning

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achieved. This policy highlighted work based learning as a fundamental aspect of learning in the health sector and, critically, that all learning should be credit rated. Whilst the NHSU is now undergoing radical change, it did much to raise awareness of the potential for significant impact of work based and work place learning, particularly for staff that are unqualified or at post qualifying levels and who are working in health and social care. It also served to increase awareness about both choice and value of education and training particularly in continuous professional development and to increase awareness of the value of lifelong learning. The debates that surrounded the development of the NHSU and its purpose and potential impact reflect some of the challenges facing universities today as their focus and place is subject to question. Work based learning epitomises these challenges to the classic notions of knowledge and critical thinking traditionally held by universities – what has been referred to as ‘*momentous changes in what counts as knowledge in society*’ (Barnett 2000). In addition to this however there is another dimension – it is not only the significance of knowledge but a whole argument and debate about the value of knowledge that is important: the use of knowledge as ‘fit for purpose’. That is what does education equip someone to do and where is the evidence to prove it, rather than knowledge for itself. This has been and continues to be a controversial area particularly in vocational education. There is a discernable move away from knowledge for itself that confers upon the successful recipient entry to an elite group irrespective of the focus or content of the subject area or learning achieved.

Within this climate of change, the ability to work in partnership with external organisations to develop learning that can be assessed for the award of credit offers a new pathway for the University and one that brings new challenges, new ways of thinking and perhaps most importantly, new opportunities for learning that can enrich both sides. However, academic accreditation is not simply a procedural and academic process; it is also representative of a major shift in thinking about the place of the academy and represents a deep philosophical shift in the notion of the academic role in the creation and ownership of knowledge. Inevitably, the move to seek academic recognition has also meant that organisations have had to make major changes in their thinking about education and to move from an objectives model of training to an outcomes based one, where impact of learning on the job role is demonstrated.

The Accreditation Processes

Processes

The use of a clear framework and level descriptors has enabled us to develop processes that enable us to work not just with individuals but to extend that to work with external organisations in order to assess learning and consequently award both level and amount of academic credit. This has become particularly important in the areas of health and social care in recent years where there is much investment in education and training in order to enable staff to develop the skills and knowledge necessary for a modern service, and it is our work in this area that is the subject of this chapter.

Within the University, the development of an accreditation proposal with an organisation is based both on educational and business principles and each carry equal weight. This is particularly important as accreditation is an academic activity that forms part of the Quality

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Assurance processes of the School and consequently the university; whilst as a commercial activity it must be costed appropriately, thus it is critical that each side understands the processes, roles and responsibilities required.

Development of an accreditation proposal

There are four stages to this process:

Stage 1: the Head of the Unit makes an initial assessment of all proposals and appoints an academic advisor from within the School who will arrange an initial meeting to discuss the possibilities and use of accreditation, focussing particularly on academic levels, learning outcomes and assessment, estimate the consultancy time required, if any, and quality assurance and annual monitoring requirements.

Stage 2: a contract is drawn up and following acceptance of this, the work continues towards the submission of a complete proposal to the School Accreditation Board. At this stage the business plan is drawn up and the financial aspects that are the basis of our involvement with the development of the proposal are agreed.

Stage 3: the completed proposal is assessed and a report is submitted to the Board which consists of members of the Unit, academic staff from within the School and an external examiner. The Board is asked to focus on the quality and quantity of learning in order to award both level and amount of academic credit. It can accept the proposal as it stands, make recommendations which must be considered and addressed prior to the programme of activity starting, demand conditions which must be met in full before the activity starts. Approval is normally given for six years.

Stage 4: A Memorandum of Co-operation is issued by the Deputy Vice Chancellor and when this is returned and signed, annual monitoring of the activity begins. A link tutor is appointed (usually the same person as the advisor) who will act as external examiner to the programme. It is important to note that whilst the university controls the quality assurance processes, the intellectual property rights of the work remain those of the organisation and the university cannot use this.

Quality Assurance

Quality assurance processes and rigor of the processes are extremely important in all academic activity. However where one steps outside of the mainstream teaching, learning and assessment activities, it becomes even more important to ensure that clear and transparent systems are maintained to the highest standard. The presence of an external examiner appointed to the Board and the method of working that has been developed, contributes to this. Members of the School are invited to attend and are encouraged to participate in the debates and discussions that are generated when proposals are presented by the advisor. Currently the Board is an internal one and no other external members are present. Confidentiality of proceedings are important as proposals may have commercial value and sensitivity.

The accreditation processes are also formally reported within the university Quality Assurance systems. The external examiner presents an annual report and the Board itself reports both to the

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University Accreditation Board and to the School Assessment Board and through these to the University Annual Monitoring processes and thence to the University Academic Standards Committee.

Accreditation and Life Long Learning

The roots of academic accreditation within British Universities go back to the 1980s when there was increasing concern that demographic trends would mean a reduction in the number eighteen year olds willing and able to enter university and there was a perceived need to attract mature students into higher education. The ever increasing number of young people enrolling at university has shown this fear to be false, but the impact of fees may yet demand that this issue be revisited. Certainly, in our experience, Accreditation and Work Based Learning attracts the mature student who may not have the traditional background in schooling and examinations but who has a commitment to work and to the learning that they acquire through it. Particularly, accredited learning appears to go somewhat towards removing the structural barriers that inhibit attempts to embed life long learning, such as cost, time, managerial support, place, gender and family (Coffield, 2000) – what Rees has referred to as a ‘framework of opportunities, influences and social expectations that are determined independently’ (Rees et al, 1998). Whilst we would guard against making the exaggerated claims so often associated with life long learning, the investment required from organisations to run their own programmes frequently leads to independent evaluation of the work, and it is from this and from internal evaluations that we draw our information, we do not make any claims to having research evidence, although we are aware of the need for this.

Case studies 1 and 2,(Healthcare Assistant and Mental Health), describe programmes that are designed to attract participants who would not normally consider higher education. Traditionally participation in professional development in the NHS has been mostly restricted to a small part of the (usually already trained) workforce, mainly nurses and doctors. This profile is still reflected in adult education and, if the NHS can be considered a microcosm of society, a NIACE survey in 1999 showed that age, class and experience of schooling have the biggest effect on access to learning and the confidence to participate in learning as an adult. The difference in participation is large: 50% of middle class respondents, 36% of skilled working class and 24% of unskilled workers reported involvement in learning (Sargent 2000). The healthcare assistants who completed the portfolios reflected the category of poor involvement: they had no previous experience of higher education but developed real skill and confidence, not just from becoming more effective workers but also from gaining the public recognition of achievement exemplified by the transcript of credits. The mental health carers and users report increased confidence from their success but also will have an influence on professional values and thinking by their engagement and presence with professionals on the course.

There is no doubt that neither of these groups would have enrolled on the programmes had they been traditional university courses. It was local support and enthusiasm and the clear and direct impact on practice of the education that attracted and sustained them. There are however benefits for the university, the participants on the mental health programme will be able to enrol on a university award, funded by the Mental Health Trust, which hopefully will enhance not just

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their health but also their capabilities for employment. The healthcare assistant programme can be used as advanced standing towards a nursing programme and thus enables the university to demonstrate its compliance with government initiatives in widening the entry gate to nursing (DoH, 2001).

Case study three is included to demonstrate the experience from the other side: that of the organisation. In this case the major tasks were to enable the interpretation of ideas into a format that could be assessed. This was a particularly complex proposal in that there were many stakeholders involved from a range of interests and backgrounds. Not least the programme had legal implications that required attention to detail in the content that was included in the final programme.

Discussion

Each of the case studies demonstrate assessments that enable the identification and articulation of tacit knowledge held by the individual and the organisation. In the healthcare assistant programme the discovery and description of work practices enabled identification of areas of concern and discussions of best practice with experienced staff and the spread of these through the co-ordination of the practice development nurse. The mental health programme assessment involved discussion and analyses of work practice and the skills necessary to adopt new ones. Within the NHS, where currently more work has been done than in other sectors, the document 'Organisation with a memory' (DoH, 1999) made the case for the need to capture and disseminate the tacit knowledge gained at work, and critically to move away from a disciplinary, blame culture when errors are made, to one linking these to performance and learning. Whilst the organisations we are working with may have the possibility of tackling this through their means of assessment, there remains another area of concern. It is still common practice within the NHS and certainly the local authority, to use education or training as a means of dealing with poor practice rather than following disciplinary routes and this can have a negative influence on learning.

The multi disciplinary nature of the mental health one encourages the articulation of tacit knowledge and in particular the sharing of this between different groups and teams. Accessing, articulating and valuing such knowledge can be extremely difficult where people work in 'silos', viewing other trusts, organisations or even teams, as rivals rather than partners. Whilst Eraut, (2000) warns that '*tidy maps of knowledge and learning are deceptive*' he suggest four '*good practical reasons*' why we would want to make tacit knowledge explicit:

- To improve the quality of a person's or learner's performance
- To help to communicate knowledge to another person
- To keep one's actions under critical control by linking aspects of performance with more or less desirable outcomes
- To construct artefacts that can assist decision-making or reasoning

(Eraut, 2000)

These are congruent with the intentions of the programmes we describe, each of which aims to develop new knowledge amongst practitioners, to enhance practice within the organisation and to

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ensure rigour of achievement through the quality assurance processes of the university. Whether these intentions will reach a critical mass or are maintained is the responsibility of the organisations themselves. However the greatest risk to such achievements is possibly the constant restructuring that is symptomatic of the current public sector climate. There is real potential within each of these programmes to contribute to organisational learning and achievement as well as that of the individual participant. It would be most unfortunate if the constant changes in structures, roles and personnel common to health care organisations led to the loss of such knowledge, as Nohria described, resulting from the re-engineering exercises of the 1990's (Nohria et al 2003).

Apart from the organisational changes that can disrupt attempts at learning, social contexts of learning can stifle any innovation and learning, exaggerating power relationships, inequalities and competitiveness. In the busy lives of people, embarking on a programme of study can be yet another source of stress – yet not participating may be viewed as failure or lack of motivation – both potentially powerful influences on career progression. Additionally the public sector is not very good at creating incentives. Shipley, (2001) takes the view that ‘if the link between organisational performance, capability and individual learning is accepted, the challenge for management is to create an environment in which employees engage willingly in performance-focussed learning’ Shipley and others suggest that a range of inducements e.g. remuneration, career progression or recognition are the most effective mechanisms for this (Shipley 2001). This is a real challenge for the public sector where career and succession planning or reward for performance is not the norm, although the Knowledge and Skills Framework (DoH 2003) within the NHS may go some way to addressing the latter.

The University

So far the benefits of accreditation have been discussed mainly in relation to the organisations and individuals who participate in and run the programmes we describe. However there are tangible benefits to the university from this work. Most obviously is the potential to gain more students. Everyone who successfully undertakes a Middlesex University accredited programme can enrol on a programme of study at an appropriate level within the university. Additionally organisations, having developed a relationship with the university, may commission university modules to enable participants to gain a university award and both the local authority and the mental health trust are examples of this. However the real value to the university is the opportunity for the development of new knowledge and new ideas that have meaning in the vocational and professional areas within which they work. This has enabled Middlesex University to use the experience gained with the healthcare assistant in general practice to work with another NHS Trust to develop another programme for healthcare assistants to gain advanced standing against the first year of nurse training. This has benefits for both sides, each contributing to Department of Health directives. More generally, it aids in ensuring that our staff are grounded in the experiences and needs of the work place.

At a different level, the notions of partnership that are central to our work is congruent with the new model of knowledge described by Gibbons as Mode 2 knowledge (Gibbons et al, 1994). Gibbons talks of mode 1 knowledge (discipline specific, university-centred process) and mode 2

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knowledge (transdisciplinary–based knowledge production process in which knowledge is produced at the site of application and with the co-operation of users and stakeholders). Gibbons asserts that mode 2 knowledge which is problem-based is a superior form, more suited to modern thinking and practice. According to Lyotard (1984) and Barnett (2000) this represents not just a threat to the university, but the end of it in its current form – as it will be therefore no longer the sole guardian or legitimator of knowledge. Certainly the rise of the corporate university in the UK as seen by the intention to create the NHSU, would indicate that this is a possibility.

Conclusion

We have demonstrated that academic accreditation can benefit the major stakeholders involved: the participant, the organisation and the university. There are, of course, areas of concern that remain. Gibbs and Morris, (2001) state that the university must ensure that accreditation does not lead to a reduction in the educational experience of participants, that the deeper cultural values are addressed rather than merely the provision of more effective workers. However our experience of accreditation is mainly positive; in fact for many of the partnerships that we do develop it is our gain to be associated with such high quality and innovative work. The ownership and relevance of the learning to be achieved has the capacity to engage wide participation and support to a far greater extent than a university based course. It is our opinion that academic accreditation opens up possibilities for further and higher education that lead to new ways of working in the rapidly changing world of adult education.

Case study 1: The Health Care Assistants

Background

This case study demonstrates not only the development of a work-focused programme of training for what was then the new posts of health care assistants in general practice but also the enduring nature of such a programme and its benefits for both health care and the university. The university was approached by the Practice Development Nurse of the now defunct Family Health Service Authority to work with them to develop a new programme that would support the employment of healthcare assistants in general practice. The course needed to be practically based, ensuring appropriate skills development, have elements of professional development and ethical understanding that would contribute to appropriate care of patients, develop an understanding of the NHS as a whole, have some theoretical background, and above all be achievable both by the healthcare assistants and the practice supervisors.

Development

In this programme, a joint approach to course development was taken and a team was brought together consisting of the practice development nurse, practice nurses, practice managers, university staff and, most importantly, health care assistants themselves. GP's who had much invested in this initiative were represented through readership of minutes rather than presence. Thus a representative group was formed, the basis of the course design was drawn from the job descriptions of the healthcare assistants but care was taken to avoid a purely mechanistic approach to skill development. The team's intention was to design a comprehensive and varied assessment scheme that would link learning and assessment in meaningful ways and that would expand horizons as well as test knowledge. This was particularly important as the audience for whom the course was intended were mature women, some of whose first language was not English nor were they familiar with the NHS, all of whom had little experience of adult learning or of assessment. The majority had no formal qualifications including school examinations and a history of low paid jobs. All however, were enthusiastic in their employment and keen to learn.

The assessment strategy

This was aimed at embedding learning into practice and ensuring that all aspects of the work would link into enhanced capabilities. A portfolio of achievement was agreed to be the most appropriate method of capturing the widespread mix of information, skills and knowledge required to work effectively as a member of the team in general practice. This included areas as diverse as:

- teaching and assessment of skills such as blood pressure monitoring and recording
- health and safety legislation for the storage of harmful substances
- interviewing and counselling in order to conduct 'new patient interviews'
- ethical issues such as confidentiality, handling difficult situations
- professional issues including understanding of the roles of other team members
- first aid and cardio-pulmonary resuscitation

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Assessment measures included observation, case studies, interviews – written and oral, scenarios for analysis and ‘maps’ e.g. describing the organisation of general practice. Each healthcare assistant met with their supervisor to develop a learning agreement that prioritised their pathway and included a time frame for achievement. The overall learning achieved was then drawn together with an overall reflective commentary.

Outcomes

- The programme was accredited at 20 credits at Level 0 (entry) and 40 credits at level 1
- The work submitted exceeded all expectations in quality and was well received by both participants and supervisors
- The programme remains popular several years later although only a small number of portfolios have been submitted for award of credit
- The university has made the decision to update the portfolio in line with government policy so that future participants will be able to gain both NVQ and university recognition
- It is being marketed as a training manual complete with trainers guide, as this turned out to be its major use

Fortuitously, it gave us an opportunity to gain experience of working with health care assistants prior to policies enabling accreditation in nurse training.

Case study 2: The Mental Health Programme

User involvement in health care is at the heart of modernisation of the NHS in all aspects of patient care from the commissioning of services, to care delivery and the education of health care professionals, yet moving from rhetoric to reality is challenging. The programme described here is how one mental health NHS Trust are seeking to embed a new working into the trust, bringing not just new skills and knowledge but a fresh approach to the articulation of values in professional practice through an in-house professional development programme. Accreditation is used to enable course members to gain personal academic recognition and to give the course both an academic level and a quality assurance process.

Development

For the last four years a multi-professional team of health care professionals, service users and carers from the Mental Health Trust have been developing a radically new model of care for people with severe and enduring mental health problems based on research conducted in the USA by Marlatt, (1998); the Relapse Prevention Model. This has been shown to increase the chances that service users will continue to recover in their own time and minimise the trauma associated with admission to psychiatric units for both the user and their family/carer.

Following implementation in the day care services, the decision was made to develop an education and training programme that would assist the Trust to cascade this way of working through the development of a critical mass of able people such that all mental health care in the Trust area would be based on the Relapse Prevention Model. The audience for the programme

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was to reflect the implementation model and the course is targeted at professionals, users and carers, all of whom enrolled on the first programme. This is a major undertaking for the Trust and requires significant resourcing.

The programme

The nurse consultant leading the programme contacted the university with a view to gaining academic recognition of the programme. This was seen as desirable as it would aid the development of a coherent programme aimed at a particular level of achievement. Additionally the quality assurance role of the university ensured that the programme would have a recognisable quality standard. Working with advisors, it was decided to aim the programme at graduate level.

Outcomes

As yet only one programme has run. The programme was accredited at 20 credits at graduate level. The participants did in fact include people from all three groups and despite the voluntary nature of the assignment all of them submitted work for assessment. The programme is now gaining momentum: there is interest from other Mental Health Trusts. The programme has enabled people to engage in career development and to attain tangible personal achievement, building confidence and for some participants aiding promotion. Moreover, it is feeding into other areas of both personal and professional development as two of nurse consultants involved in the programme are enrolled on Professional Doctorate programmes. However the real value of the programme is from the commitment of the Trust who participate through teaching, facilitating, supervising and assessing course participants and who ensure that a true partnership in learning is achieved within the group.

For the university there are other benefits:

- A radically new programme provide an opportunity for learning for university staff
- The Trust has decided to extend the programme through the accreditation of another module and
- To extend to all participants the opportunity to gain a university award through enrolment on a project module that will lead to a University Advanced Diploma in Work Based Learning Studies, thus bringing new business.

Case Study 3: The Provider Experience Managing Complaints for Service Improvements

This case study is an insight into the experience of accreditation from the applicant's perspective. It is also important in that it is an exemplar of the extent of support and commitment at a national level for work based learning and accreditation. The reader is guided through the stages of accreditation from the original inception of the idea to implementation. The role of the university and the links with the key personnel both within the University and the organisations involved are discussed. The programme is a short 20 credit module designed to enhance the professional effectiveness of complaints managers in the NHS.

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Background

The need for the programme originated from work completed by an independent consultant with extensive clinical and managerial experience in the NHS who had worked as a complaints manager and whose most recent experience was that of an Executive Director of a NHS Mental Health and Community Trust. In this last post it became increasingly apparent that there was an urgent need for a consistent programme of development for NHS staff involved with managing complaints. The reasons for this being that, as the NHS modernisation agenda progressed, management arrangements were becoming more complex, characterised by:

- Statutory duties for quality and partnerships in addition to finance
- An emphasis on clinical and corporate governance
- Greater expectations and clarity around accountabilities
- Transparency in performance
- Emerging national service frameworks
- Development of clinical networks
- Emphasis on patient and public involvement in decision making

As a result of the recommendations made in the NHS Plan the NHS complaints procedure had been evaluated (DoH 2001) and legislation introduced to create a set of regulations that reform the NHS complaints procedure. This raised the profile of how complaints are handled within the NHS and subjected the process to greater scrutiny.

As a result, complaints managers had to be appointed in every NHS Trust; however the seniority and position of complaints managers across organisations varied regardless of the number of complaints received. Anomalies therefore exist as to whether there is a designated post of a full-time complaints manager with a small team or a role that has been added to an existing job already encompassing a wide range of other responsibilities. Often a complaints manager's role has been interpreted as a necessary extra and consequently investment has not consistently been made in the support, training and resources necessary that such a pivotal role in face to face contact with patients and the public requires.

Specific areas of practice requiring attention had been identified as:

- A process that would enable people involved in a situation to capture the detail of what happened in a given situation
- A way to facilitate the completion of the improvement cycle so that lessons from complaints would be consistently implemented across organisations.

The opportunity to convert this idea to a programme of continuous professional development originated from an impromptu meeting with the then Programme Manager for Complaints and Clinical Negligence at the Department of Health (DoH). Further formal discussion resulted in the potential to collaborate with the development of the programme with the DoH and the Chief Executive of the North Central London Strategic Health Authority (NCLSHA). A meeting was then arranged with the Head of the Work Based Learning and Accreditation Unit in the School of Health and Social Sciences at Middlesex University who agreed that the development of an

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academic framework and proposal for accreditation was feasible and an academic advisor was appointed to provide direct assistance.

Development

The development of an accredited programme is a collaborative process which was extended in this case to include the major stakeholders. A steering group was formed with the University, DoH and North Central London Strategic Health Authority. The independent consultant was responsible for the development of the Accreditation Proposal and the learning materials since he was to be the course leader. The remit of steering group was to:

- Agree the Business Plan
- Test the work and plans to ensure they met both academic and professional requirements
- Ensure that deadlines were realistic and achievable
- Facilitate accreditation of the programme
- Ensure consistency and quality

Initially a training programme specification for complaints managers was designed. From this a competency framework that was soundly evidence based was developed incorporating five core competencies:

- Creating Professional relationships
- Searching for the truth
- Communicating the truth
- Managing complaints handling
- Facilitating learning from complaints

The underlying philosophy relating to the overall programme design was that of collaboration and user participation and was congruent with the central tenets of the NHS modernisation agenda. A series of consultation meetings were scheduled where prospective course participants, purchasers, managers and clinicians and health service users were invited to comment on the proposed design of the programme. The first of these was at the DoH and the rationale, and course design were presented to representatives from the DoH, Primary and Acute Care Trusts across the country, the Higher Education Funding Council (HEFCE) and the then Community Health Councils. Overall the proposal was received well with some suggestions regarding content in particular the legal framework of complaints handling.

Processes

Advice from the Head of the WBL&A Unit and the academic advisor was important in the identification of the structure and academic level. This was particularly so as the consultant had no experience of developing educational materials. It was agreed that a single module at degree level would be designed and successful course participants would therefore be awarded 20 academic credits at level 3.

The development of learning outcomes and an assessment were the critical elements of developing a proposal for accreditation and this was aided by use of the University Level 3 descriptors. This was new territory for the consultant and proved a both stimulating and frustrating exercise. Stimulation came from challenge, debate and the opportunity to learn new ways of working; frustration came from the continuing need to respond to suggestions and constructive criticism that was experienced. For the advisor it was important to remain objective and to respect the autonomy of the ideas that were generated and presented by the consultant as designer of the programme. The consultant had a clear and innovative approach to both what and how the training should be developed, but with no experience of developing learning outcomes or assessment criteria linking these together was a critical task. The discipline of having to summarise the intentions of the programme in terms of what the successful participant would be able to achieve as a result of completing the learning activities meant that ideas were frequently visited and revisited. Devising an assessment was equally complex and whilst the advisor tried to assist and to clarify requirements, it required a real shift in thinking and educational planning and was not an easy task.

The process was lengthier than had been anticipated, in part because it had to satisfy the needs of the university but also the wider stakeholder group.

Impact

A programme was developed and submitted to the Accreditation Board and conditions were set regarding clarification of the assessment process and structure. Once this was completed and agreed, the programme was piloted with a group of managers who had the opportunity to give feedback and to influence the further development of the programme. They gave very positive support and indicated that much benefit was achieved. This was encapsulated by the comments of one candidate who reported that she felt very motivated to learn and found the course empowering. These views were expressed in terms of her motivation to travel to the study days through extremely adverse travelling conditions. *“It was an extremely cold and snowy day. If it had been any other course I would have stayed at home, but I was so interested and wanted to learn so much”*.

From the course leader’s point of view the experience was both challenging and rewarding. The challenges listed were:

- “Finding my way through the academic maze to achieve accreditation”.
- Realising that producing a programme specification was insufficient material to achieve this goal
- To obtain accreditation I had to produce all the documentation and present the learning materials
- Development of the philosophy underpinning the programme teaching and learning strategy
- Identifying the market and being confident of the sustainability of the programme
- Overcoming the sense of “is it all worthwhile?” and “Can I do this?”

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The advisor too found the process challenging and rewarding, learning to work as an advisor, maintaining an objective distance and influencing the academic credibility and standards of the programme rather than the content.

Outcomes

The programme ran successfully and further courses are planned across the UK. It was adopted by the NHSU and this proved to be both its strength and eventual weakness. The NHSU were able to support a national roll-out but, due to the imminent restructuring, will not be able to support any more. This means that the programme will cease unless a sponsor is found. The development of an accredited programme required a level of rigor and attention to detail far greater than that needed to develop a non assessed training programme but it also demonstrated the level of innovation, creativity and expertise that is found outside of the academy. The use of an accredited programme ensured that there was a direct effect on workplace effectiveness rather than institutional needs or wants but with the added value that successful completion was recognised by the award of academic credits. These can be used within the United Kingdom Credit Accumulation and Transfer Scheme (CATS). The final word, however, should go to the programme leader: 'An invaluable lesson was the realisation that if this programme was to succeed the responsibility was mine.'

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